

**OBSERVED BEHAVIOR
REASONABLE SUSPICION RECORD**

DRIVER'S NAME _____ ADDRESS OF INCIDENT: _____ Street City State Zip	DATE OBSERVED _____ TIME OBSERVED From _____ a.m. p.m. To _____ a.m. p.m.
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Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. Per DOT requirements for reasonable suspicion testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or management personnel who are trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable suspicion determined for: ☐ **Alcohol** ☐ **Controlled Substances**
Mark items that apply and describe specifics

1. APPEARANCE: normal ____ sleepy ____ tremors ____ clothing ____ cleanliness ____
Description: _____

2. BEHAVIOR: _____
normal ____ erratic ____ irritable ____ inappropriate gaiety ____ mood swings ____ lethargic ____
Description: _____

3. SPEECH: _____
Description: _____

4. BODY ODORS: _____

5. INDICATIONS OF THE CHRONIC AND WITHDRAWAL EFFECTS OF CONTROLLED SUBSTANCES: ☐ **YES** ☐ **NO**
EXPLAIN: _____

6. OTHER OBSERVATIONS FOR REASONABLE SUSPICION:

WITNESSED BY:

 _____ Signature	 _____ Title	 _____ Preparation Date	 _____ Time
			a.m. p.m.
 _____ Signature	 _____ Title	 _____ Preparation Date	 _____ Time
			a.m. p.m.

The alcohol test must be administered within eight hours following a reasonable suspicion determination.